

DEFIANCE WATER DIVISION BACKFLOW QUESTIONNAIRE

General:

Owner _____ Address _____ Metered: Yes ___ No ___ Meter Size _____
Type Service: Residential ___ Commercial ___ Industrial ___ Residential/Commercial ___ Fire ___ Combined Fire/Domestic ___
Any Other Water Source? List _____ # of Service Connections ___ 24 hours Continuous Operations? Yes ___ No ___
Bypass Line Required on Backflow System? Yes ___ No ___

Domestic Water:

Domestic Water? Yes ___ No ___ Type of Premise: Single Family ___ Multiple Dwelling ___ # of Units ___
Sprinkler Heads Supplied from City Water? Yes ___ No ___ Water Used For: Processing ___ Product ___ Cooling ___
Sanitary ___ Culinary/Drinking ___ Other (List): _____ Type of Heating: Forced Air ___
Electric ___ Solar ___ Heat Pump ___ Boiler ___ If Boiler – Type: Steam ___ Hot Water ___ Chemical Treatment: Yes ___
Lawn Sprinkler System: Yes ___ Self-draining Hydrants, Fountains, Hose Boxes: Yes ___ No ___ Baptistry: Yes ___ No ___
If Yes, What Method of Fill? _____ Swimming Pool Yes ___ No ___ Filled By: Hose ___ Piped Connection ___
If Pipe, Is There an Air-Cap At: Pool ___ Filter ___ Other ___ Dishwasher: Residential ___ Commercial ___ None ___
Soap Eductors: Yes ___ No ___ Garbage Disposal: Yes ___ No ___ If So, Is There a Piped Connection? Yes ___ No ___
Whirlpool: Yes ___ No ___ Jacuzzi: Yes ___ No ___ If So, Filled By: Hose ___ Piped Connection ___ Deck Faucet ___
Other (List) _____ Auxiliary Water Service: Yes ___ No ___ Type: Gravity Tank ___ Pressure Tank ___
Covered Reservoir ___ Uncovered Reservoir ___ Capacity in GPM _____ Auxiliary Water Service Filled with City Water: Yes ___ No ___
If No, Where From? _____

Fire Protection:

Fire Protection: Yes ___ No ___ Type of System: Dry Sprinkler ___ Wet Sprinkler ___ Dry Riser ___ Wet Riser ___ Hose Cabinets ___
Anti-Freeze Plugs: Yes ___ No ___ Yard Fire Hydrants: Yes ___ No ___ If Yes, Do Hydrants Have Self-Draining Ports Tapped and Plugged: Yes ___ No ___
Pumps Used: Yes ___ No ___ Type _____ Capacity in GPM: _____ Low Pressure Cutoff Switch Provided: Yes ___ No ___
Anti-Freeze Legs: Yes ___ Auxiliary Water Storage: Yes ___ No ___ Type: Gravity Tank ___ Pressure Tank ___ Covered Reservoir ___
Uncovered Reservoir ___ Capacity in GPM _____
Date: _____, 2000 Prepared By: _____

For City Use Only

Backflow Prevention Device Required: Double Check ___ Reduced Pressure ___ Detector Check ___ Double Check/Detector Check ___
Existing Backflow Device(s): Yes ___ No ___ If So, Type: _____ Manufacturer: _____ Size: _____

Note: Any Changes in the Water Usage from the Initial Survey Requires This Form To Be Resubmitted For Each Application

Signed: _____